AMENDME	NT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAG	E OF PAGES				
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PROJEC	T NO. (If applicable)				
P00009		See Block 16C								
6. ISSUED BY	CODE	ASPR-BARDA	7. ADI	7. ADMINISTERED BY (If other than Item 6) CODE ASPR-BARDA						
ASPR-BARDA 200 Independence Ave., S.W. Room 640-G Washington DC 20201			200 Rooi	ASPR-BARDA 200 Independence Ave., S.W. Room 638-G Washington DC 20201						
JANSSEN Attn: 10 JANSSEN 920 US H	RESEARCH & DEVELOPMEN	MENT LLC 1418051	98.	AMENDMENT OF SOLICITATION NO. DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORD ISO100201700018C	DER NO.					
				B. DATED (SEE ITEM 13)						
CODE 14	18051	FACILITY CODE	0	8/15/2017						
		11. THIS ITEM ONLY APPLIES	TO AMENDA	ENTS OF SOLICITATIONS						
OFFER. If I		RECEIPT OF OFFERS PRIOR TO change an offer already submitted, ice to the solicitation and this amen aired)	THE HOUR / , such change ndment, and is	AND DATE SPECIFIED MAY RESULT IN may be made by letter or electronic com	REJECTION OF \ Imunication, provide the specified.	OUR od				
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.									
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).									
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:									
	D. OTHER (Specify type of modification	and authority)								
х	Section 319L(C)(5) of the Public Health Service Act, 42 USC 247d-7e(C)(5)									
E. IMPORTAN		Is required to sign this docume			issuing office.					
14. DESCRIP Tax ID 1 DUNS Nur	TION OF AMENDMENT/MODIFICATION	Organized by UCF section heading	gs, including s	olicitation/contract subject matter where						
Amendme	nt No. 0009									
	trative modification ed funding amounts on				istent wit	ch .				
Except a	as provided in this A	mendment, all term	ms and	conditions of the Ag	reement, a	as				
Except as pro	vided herein, all terms and conditions of th	e document referenced in Item 9 A	or 10A, as he	retofore changed, remains unchanged a	and in full force and	effect.				
_	ND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING						
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNI	ED 16B.	JNITED STATES OF AMERICA		16C. DATE SIGNED				
(Signature of person authorized to sign)				(Signature of Contracting Officer)						

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HISO100201700018C/P00009
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

JANSSEN RESEARCH AND DEVELOPMENT LLC 1418051

TEM NO:	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	heretofore changed, remain unchanged and in full : FOB: Destination	force a	nd e	ffect.	
	Period of Performance: 08/15/2017 to 12/31/2024				
	Cancel Item 5 in its entirety.				
	Cancel Item 6 in its entirety.				
	Cancel Item 7 in its entirety.				
	Cancel Item 8 in its entirety.				
		1			
		1			
		1			
		1			
		1			
		1			